

THE HONORABLE RICHARD A. JONES

UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON  
AT SEATTLE

BLACK LIVES MATTER SEATTLE-  
KING COUNTY, ABIE EKENEZAR,  
SHARON SAKAMOTO, MURACO  
KYASHNA-TOCHA, ALEXANDER  
WOLDEAB, NATHALIE GRAHAM,  
AND ALEXANDRA CHEN,

Plaintiffs,

v.

CITY OF SEATTLE,

Defendant.

No. 2:20-cv-00887-RAJ

DECLARATION OF CAROLYN STERNER  
IN SUPPORT OF PLAINTIFFS' MOTION  
FOR CONTEMPT

I, Carolyn Sterner, declare and state as follows:

1. The information contained in this declaration is true and correct to the best of my knowledge, and I am of majority age and competent to testify about the matters set forth herein.

2. I am currently an undergraduate student at New York University, but I have been living at home in Seattle with my family for the past few months due to the coronavirus pandemic.

3. After George Floyd was murdered, my older sister and I showed up to protests in Capitol Hill to support the anti-police brutality movement. The first demonstration we attended took place on June 6, 2020, and remained peaceful throughout. The second demonstration,

1 which took place from the afternoon of June 7th into the early morning hours of June 8th, started  
2 peacefully but devolved at night, when the police charged our protest line with mace, tear gas,  
3 flash bang grenades, and rubber bullets.

4 4. I barely escaped being hit with a flash bang shortly after midnight on June 8th. It  
5 ended up detonating next to my right foot, and the explosion was literally deafening—I lost all  
6 hearing in my right ear for about seven hours.

7 5. I did not see a doctor about the hearing loss I suffered on June 8th because I  
8 seemed to recover after going home and sleeping for several hours. It didn't occur to me that I  
9 could have suffered long-term damage; I hadn't heard of anyone else suffering lingering injury  
10 from blast balls, and I didn't think the police would be allowed to use permanently damaging  
11 explosive devices on protesters. Unfortunately, I have since learned that the physical trauma of  
12 inner ear damage like the kind I suffered in June compounds over time. In other words, my  
13 injury on June 8th made me more susceptible to inner ear damage in the future.

14 6. I continued to show up in support of Black Lives Matter and anti-police brutality  
15 by joining peaceful demonstrations at the Capitol Hill Autonomous Zone (CHAZ) over the next  
16 few weeks. However, this felt more like a community space than a dedicated protest, and with  
17 the police absent, it was a very different environment from the earlier events I had attended.

18 7. The next time I attended a dedicated protest event was on July 25, 2020. My  
19 sister again accompanied me.

20 8. We participated in a peaceful march that left from Cal Anderson Park at  
21 approximately 2 p.m. By approximately 4:30 p.m. we had returned to Cal Anderson Park, and  
22 people were preparing to head home. I had been near the front of the march the whole time, and  
23 from my perspective it had been a calm and successful event. I did not expect a law enforcement  
24 presence as we wrapped up for the day.

25 9. Suddenly, I heard a popping sound somewhere on Pine. The next thing I knew,  
26 other protesters were screaming and running from the 11th and Pine intersection.

1           10.     My sister and I realized that law enforcement were now rushing down Pine and  
2 mobilizing. We decided to join other protesters who ran to congregate in the street in front of  
3 Cal Anderson Park to form a protest line. As we were approaching the frontline, the police  
4 suddenly began deploying flash bang grenades and pepper spray to force the crowd west on Pine.

5           11.     I was taken completely by surprise at the suddenness and force of the police  
6 response. At the two protests I attended in June, law enforcement had used loudspeakers to order  
7 us to disperse or to provide other instructions before firing at us. They didn't always provide us  
8 with enough time or clarity to comply, but at least I had some sense of what they wanted and  
9 some time to prepare myself. This time, there was no warning at all.

10          12.     A group of protesters had congregated on Pine adjacent to the park, facing the  
11 police line. Most of the crowd was anxiously hanging back, but my sister and I had come  
12 carrying umbrellas for protection, and I was given a helmet by someone during the march, so we  
13 quickly made our way to the front, where we could protect the more vulnerable people behind us.  
14 I still wasn't sure what the police wanted us to do. They had issued no instructions, but they  
15 were launching flash bang grenades at the frontline.

16          13.     A flash bang grenade landed right in front of my feet and exploded. I used my  
17 umbrella to shield myself from shrapnel, but when the flash bang exploded I took a few  
18 involuntary steps back and then fell backwards on my back. My helmet fell off on impact.

19          14.     A split second later, another flash bang grenade struck my sister—who was still  
20 standing—in the side. It then fell at her feet and detonated right by my head. That's the last  
21 thing I remember for several seconds.

22          15.     The next thing I knew, I was being helped to my feet by a man who was trying to  
23 hand me back my helmet and was mouthing something at me. I was reeling and disoriented. I  
24 accepted my helmet back, but I couldn't hear him. His lips moved, but no words escaped. A  
25 powerful, head-splitting ringing filled my ears.  
26

1           16.     My sister steered me back and out of the crowd, off to the side where we could  
2 recover for about 15-30 seconds before flash bangs were hitting the sidewalk next to us and we  
3 had to keep moving down Pine.. My ears continued to ring terribly. We took stock of our  
4 injuries. My sister had welts on her side where the flash bang grenade had struck her and burns  
5 on her ankles from where it had detonated by her feet.

6           17.     We were frightened, battered, and extremely rattled. But we didn't want to leave  
7 the other protesters as the police continued what seemed like an unprovoked and unnecessarily  
8 prolonged assault. The police were now throwing flash bangs over the crowd as the frontline  
9 started to scatter and retreat. It seemed completely random and indiscriminate. The show of  
10 force from the police was far too strong to hold the line so the protestors kept moving cautiously  
11 backwards down pine. Protestors were often yelling "walk, don't run" to prevent a stampede.  
12 We rejoined the group as it was forced to retreat to the intersection of Pine and Broadway.

13           18.     I was struck by how difficult it was to achieve a "safe" distance out of the range  
14 of the flash bang. There were times that we were standing at least 100 feet back from the front  
15 line of protesters and we were still in range of being hit. Not only are police launching or  
16 throwing flash bangs far and wide, the flash bangs are also incredibly unpredictable. Because  
17 they are not round, they do not follow the traditional arc of a ball. They also bounce or hit  
18 people or objects before exploding—as in the case of the one that hit my sister on her side,  
19 burned her ankle, and then exploded next to my head. This is why I am especially afraid of flash  
20 bangs.

21           19.     At that point, at approximately 4:50 p.m., police must have deployed a series of  
22 gas canisters. I don't know what it was, but some kind of chemical smoke or gas filled the air of  
23 the intersection. It caused my eyes to sting and water, my throat to burn, and my lungs to  
24 tighten. I have asthma, and the use of tear gas at the June 7th and 8th protest had triggered an  
25 asthma attack for me. This felt similar. My sister and I began coughing; I struggled to breathe.  
26

1           20.     Along with many other protesters, we stumbled off to the side of the crowd to try  
2 and regain our composure and catch our breath. Everyone was coughing. Some started retching.  
3 Still, we were determined to stay and continue standing up in support of this crucial movement.

4           21.     Over the course of the hour and a half, the police would repeatedly retreat back to  
5 11th and Pine, allow protesters to regroup and advance back up Pine to Cal Anderson Park, and  
6 then—without any rhyme or reason that I could discern—suddenly assault us again with pepper  
7 spray, gas, and flash bang grenades. This happened over and over again, and, to my knowledge,  
8 police never issued any warnings or instructions. Part of why it was so frightening is that I never  
9 knew why we were being attacked or what they were trying to get us to do, if anything. Were we  
10 supposed to disperse? If so, from where and to where? It was pure confusion. To me, it seemed  
11 like they were assaulting us for no other reason than to cause panic and distress.

12           22.     After almost two hours of this repeated assault and retreat back to Harvard, the  
13 group turned onto Harvard off of Pine, and began retreating along that street, which is extremely  
14 narrow. I feared a stampede. Later, I even saw videos of protesters at the back of the crowd who  
15 were trying to scramble up the retaining wall alongside the lawn at Seattle Central College,  
16 where medics and journalists were observing and waiting to offer help.

17           23.     The lawn wasn't safe for long, though. A knot of police officers soon began  
18 lobbing blast balls at the medics and journalists up there. I have no idea why they did this. They  
19 were either observing or standing by to render aid. I did not see any of them do anything  
20 threatening at all. One person was hit with some kind of projectile and immediately fled,  
21 abandoning their bike on the grass. That person had done nothing to warrant being attacked.

22           24.     We were pushed all the way down Harvard to Denny. At that point, my sister and  
23 I decided we needed to leave. I had lost all hearing in my right ear and my throat and eyes were  
24 burning from the chemicals in the air. My sister was also suffering from respiratory symptoms  
25 and was also coping with the pain in her side from where the flash grenade had hit her, along  
26

1 with the burn it left on her ankle. We had stayed for as long as we could, but we were hurt and  
2 overwhelmed. We left and returned to our parents' home.

3 25. I felt guilty for leaving the other protesters behind. But I was terrified and  
4 exhausted and overwhelmed. My sister was, too. We had planned to attend a march but had  
5 been caught in what felt like a war zone.

6 26. We got home at approximately 6:30 p.m. I was completely deaf in my right ear  
7 for the rest of that night, but I didn't think it would be a lasting injury because I had recovered  
8 completely from the similar incident in June—or at least, I thought I had. This time, though,  
9 when I woke up the next morning, my hearing hadn't returned. The ringing had finally stopped,  
10 and I could discern vague, general sounds—but I could not, and still cannot, make out articulated  
11 words. Even with my sister standing right next to me and speaking into my ear, I could not  
12 understand her.

13 27. By Tuesday, July 28th, there had still been no improvement in my hearing. I  
14 scheduled an appointment with an audiologist for the following day.

15 28. On Wednesday, July 29th, I attended my appointment with Dr. Mary C. Henry  
16 and where she administered an extensive hearing test that involved responding to beeps,  
17 repeating back words, etc. The results were not good. On July 30th, I saw Dr. Constantine  
18 Palaskas for steroid treatment. Dr. Henry gave me an initial diagnosis and Dr. Palaskas gave all  
19 the information on my treatment and the likelihood of my hearing returning. I will see both  
20 doctors as my treatment continues.

21 29. I have been diagnosed with moderate to severe sensorineural hearing loss,  
22 resulting from significant damage to my inner ear. Specifically, I have suffered trauma to the  
23 cochlear nerve, which conveys sensory impulses from the auditory organs to the brain. The  
24 doctors explained that inner ear trauma is often permanent, because that part of the anatomy is so  
25 sensitive.  
26

1           30.     The doctors also stated that the cause of my hearing loss is “acoustic trauma from  
2 an explosion.” That is, acoustic trauma from the flash bang grenade that detonated at my sister’s  
3 feet—right by my head.

4           31.     Dr. Henry also explained that the injury I suffered on July 25th was likely  
5 compounded by my earlier inner ear trauma in early June. She told me that inner ear damage is  
6 often cumulative, and any hearing loss in the past makes you more susceptible to hearing loss in  
7 the future. Although I didn’t know it at the time, the flash bang grenade that exploded right next  
8 to me on June 8th had caused lasting—although at the time imperceptible—damage.

9           32.     My doctor provided me with a graph illustrating the extent of my hearing loss. A  
10 true and correct copy of that graph is attached as **Exhibit A**.

11           33.     A true and correct copy of my medical records from my July 29th visit with Dr.  
12 Henry is attached as **Exhibit B**.

13           34.     A true and correct copy of my medical records from my July 30th visit with Dr.  
14 Palaskas is attached as **Exhibit C**.

15           35.     The difference between the blue line and the red line on the graph, if the area  
16 between them was shaded in, represents everything that I cannot hear out of my right ear. It  
17 includes all higher frequency sounds and enunciated words. The doctor impressed upon me that  
18 this is why my injury is so significant—although I can pick up vague sounds, I can no longer  
19 understand speech out of my right ear.

20           36.     On July 30th, I returned to the doctor for a steroid injection into my inner ear, on  
21 the tympanic membrane. I was also prescribed a 12-day round of prednisone, a powerful steroid.  
22 My doctor hopes that these steroids will reduce the swelling and inflammation in my inner ear. I  
23 may need several rounds of this treatment in order to see any improvement. Even then, progress  
24 is far from likely.

25           37.     Unfortunately, my doctor emphasized that even with successful treatment, I will  
26 not make a full recovery. The damage to my inner ear is too severe. There will always be some

1 lingering hearing loss from this injury, but I may not know for another month or two how severe  
2 that hearing loss will be.

3 38. It is possible that my steroid treatment will have no impact on my condition at all.  
4 In that case, the doctor expects that I will need to wear a hearing aid for the rest of my life.

5 39. It is also possible that my steroid treatment could facilitate some improvement,  
6 but that I could regress in the future. The doctor explained that the trauma to my inner ear is  
7 extensive and, in these cases, it is apparently quite common for the patient to make progress for a  
8 while, only to suffer a lasting setback later. Again, it will be months before my condition  
9 stabilizes to the point that we can assess the long-term status of my hearing loss.

10 40. I am struggling to come to terms with the reality that I have suffered an  
11 irreparable injury because I took part in a protest—because I stood at the front of a crowd with  
12 an umbrella and tried to shield myself and others from the very police brutality that we were  
13 protesting. I'm 21 years old. I'm struggling to accept that I may need wear a hearing aid for the  
14 rest of my life. While I am grateful that I am not a musician or someone who relies on my  
15 hearing for my occupation, field of study, or passion, this is a significant loss.

16 41. My experience on July 25th has also been deeply disturbing for other reasons. I  
17 keep remembering the sense of solidarity and hope I felt as we marched through the city. There  
18 was no fear at all during those midafternoon hours before the police assault. But then law  
19 enforcement arrived like invading troops, and for the rest of the evening, I was terrified. I still  
20 struggle to understand why they were so violent towards us for so long. The explosions and the  
21 chemical smoke went on for hours.

22 42. I have been on edge ever since. My parents live near a construction site, and I  
23 find myself tensing at sudden loud noises. The experience of being assailed with flash bang  
24 grenades for several hours has obviously left residual anxiety.


25 43. I will continue to show up for Black Lives Matter events/marches/protests in any  
26 and all ways that I am physically able, both here in Seattle and back in New York. My injury has



1 only further solidified my commitment to these issues, however, the damage to my ear puts me at  
2 severe risk for even more detrimental hearing loss. At the firm recommendation of my doctors, I  
3 will do my best to avoid flash bangs or similar law enforcement munitions in the future. I did not  
4 expect to be injured when I attended protests on June 7th, 8th, or July 25th. The unpredictability  
5 of SPD's responses and the brutality of their tactics have made me wary of attending Seattle  
6 events, marches, or protests as I no longer feel that I am able to accurately assess whether I will  
7 be safe from further injury.

8  
9 Executed this 2nd day of August 2020 at Seattle, Washington.

10 I declare under penalty of perjury under the laws of the United States and the State of  
11 Washington that the foregoing is true and correct.

12  
13 By:   
14 CAROLYN STERNER  
15  
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26

# EXHIBIT A

AFTER VISIT SUMMARY



Carolyn J. Sterner DoB: [redacted] 1999  
7/29/2020 9:30 AM SWEDISH NEUROSCIENCE INSTITUTE BALANCE CENTER CHERRY  
HILL 206-320-3900

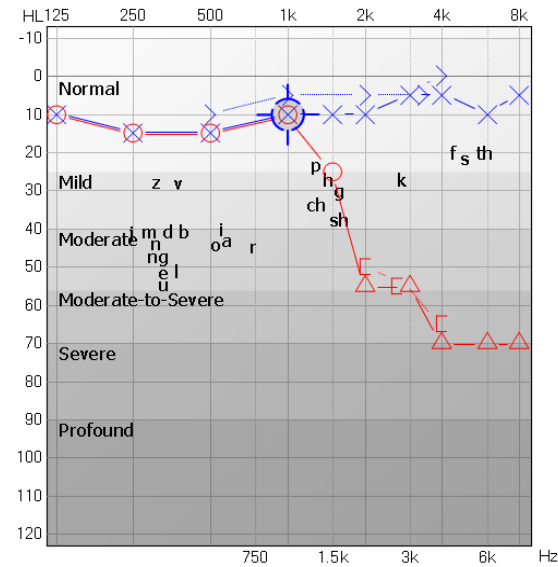
Instructions from Mary C. Henry, AUD

Carolyn Jae Sterner

Thank you for allowing me to participate in your hearing health care.

Today's results indicate that you have a sensorineural hearing loss in the right ear. Sensorineural hearing loss means that the hearing loss is in the inner ear, likely related to abnormal function of the cochlear or the VIIIth nerve.

Below is a graph that illustrates your degree of hearing loss in both ears.



Key: ○ = right ear

X = left ear

*Frequencies go from low pitch (bass notes) to high pitch (treble notes) from left to right. Please note, this is an unofficial audiogram. Please request official copy of your audiogram through medical records request, if interested.*

The following recommendations were discussed today:

1. Refer to Dr. Palaskas due to sudden-onset hearing loss in the right ear. Appointment scheduled for tomorrow morning.
2. Contact this clinic with any questions or concerns.
3. Hearing re-evaluation as medically indicated. At minimum, recommend monitoring hearing in one year, or sooner if changes are suspected.
4. Use hearing protection while in noise or when exposed to loud sounds.
5. If hearing does not improve, you could consider amplification consultation for the right ear, pending medical clearance and patient motivation. Let's monitor before we make that decision.

If you have any questions, please contact me via MyChart or through our clinic.

1. Balance Center: 206-320-3900 (where you had hearing test done and will see Dr. Palaskas)
2. Audiology/hearing aid services: 206-215-4327 (HEAR).

**Mary Henry, Au.D.**

*Clinical Audiologist*



**Ambulatory Referral to Swedish Balance Center/Vestibular/Otology Clinic  
(Constantine Palaskas, MD)**

Where: SWEDISH NEUROSCIENCE INSTITUTE BALANCE CENTER CHERRY HILL

Address: 1600 E JEFFERSON ST STE 205 SEATTLE WA 98122-5648

Phone: 206-320-3900

Status: Pending Review\*

Consult with Dr. Palaskas. Audio performed 7/29/20. Sudden right-sided sensorineural hearing loss due to acoustic trauma.

Please allow up to 3 business days before you are contacted to schedule your appointment. If you do not receive a call to schedule your appointment within that 3 business days, call Cherry Hill: (206) 320-3900

\*We will contact you with more information about this referral.

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## Today's Visit

You saw Mary C. Henry, AUD on Wednesday July 29, 2020. The following issues were addressed:

- Sensorineural hearing loss (SNHL) of right ear with unrestricted hearing of left ear
- Acoustic trauma (explosive) to ear, right

What's Next

JUL 30 2020 New Patient Clinic Visit with Constantine Palaskas, MD  
Thursday July 30 10:00 AM

SWEDISH NEUROSCIENCE  
INSTITUTE BALANCE CENTER  
CHERRY HILL  
1600 E JEFFERSON ST STE 205  
SEATTLE WA 98122-5648  
206-320-3900

Orders Completed Today & Future Orders to be Completed

Normal Orders This Visit  
Ambulatory Referral to Swedish Balance Center/Vestibular/Otology Clinic [REF46SWG Custom]

Referral Information

Procedure			
Ambulatory Referral to Swedish Balance Center/Vestibular/Otology Clinic [REF46SWG]			
Referral ID	Referred By	Referred To	
12619538	HENRY, MARY C	SMG SNI BALANCE CTR CHERRY HILL	
		1600 E JEFFERSON ST STE 205	
		SEATTLE, WA 98122-5648	
		Phone: 206-320-3900	
		Fax: 206-320-3899	
Visits	Status	Start Date	End Date
1	Pending Review	7/29/20	7/29/21

Recent Results

Results

None

Your Information on File

Please review. If corrections are required, please contact the office.

Allergies

No active allergies

## Intolerance

No active intolerances/contraindications

## Immunization History


Name	Date
DTAP, 5 DOSE (PED)	9/8/2003 , 11/30/2000 , 11/10/1999 , 9/13/1999 , 7/9/1999
HIB (PRP-D)	5/16/2000
HIB (PRP-T), 4 DOSE (PED)	9/13/1999 , 7/9/1999 , 6/28/1999 , 5/23/1999
HPV 9-VALENT RECOMB VACCINE IM	5/8/2017
HPV, QUADRIVALENT, 3 DOSE (ADOL/ADULT)	8/18/2014 , 9/27/2013
Hep B (PED/ADOL) 3 DOSE	5/16/2000 , 6/28/1999 , 5/26/1999
INFLUENZA, UNSPECIFIED FORMULATION	9/27/2013 , 11/1/2012 , 10/26/2011 , 8/30/2010
IPV, 4 DOSE (PED/ADULT)	9/8/2003 , 11/30/2000 , 9/13/1999
MENINGOCOCCAL CONJUGATE,MENACTRA (PED/ADOL/ADULT)	5/8/2017 , 6/3/2010
MMR, 2 DOSE (PED/ADULT)	9/8/2003 , 8/28/2000
PNEUMOCOCCAL CONJUGATE (PED)	11/30/2000 , 8/28/2000
TDAP, (ADOL/ADULT)	6/3/2010
VARICELLA, 2 DOSE (VARIVAX)	6/3/2010 , 5/16/2000

### Have you heard about MyChart?

MyChart is a free service that gives you secure online access to your medical information. For more information about MyChart go to:

<https://mychartwa.providence.org>

## Your Medication List as of July 29, 2020 12:06 PM

 Always use your most recent med list.

**levonorgestrel-ethinyl estradiol** 0.15-0.03

Take 1 Tab by mouth every day.

&0.01 MG Tabs

Commonly known as: SEASONIQUE

## Thank You

Thank you for visiting our clinic at Swedish today. Soon you may receive a patient satisfaction survey by mail or by email. The questions on the survey relate to your most recent visit. We always want to provide you excellent care and the best experience possible. Your input will help us learn what we are doing well and how we can improve. Thank you for taking the time to complete the survey.

# EXHIBIT B



Name: Carolyn Jae Sterner | DOB: [REDACTED] 1999 | MRN: [REDACTED] | PCP: [REDACTED]

Physician on file

## Visit notes

Progress Notes by Mary C. Henry, AUD at 07/29/20  
0930

### **Swedish Balance Center**

1600 East Jefferson St Suite 205

Seattle, WA 98122

Ph: 206-320-3900 Fax: 206-320-3899

### **AUDIOLOGIC EVALUATION**

**[For a detailed audiogram please see Media  
tab.]**

**PATIENT HISTORY:** Carolyn Jae Sterner presents for a hearing evaluation, self-referred with a chief complaint of sudden hearing loss.

### **Review of Carolyn's hearing health history reveals:**

**Hearing status:** patient reports that following a flash bang during protests on 7/25/20, she experienced a right-sided hearing loss which was initially "complete" but has improved to "mild". She also had a similar experience with a flash bang on 6/7/20 where she lost hearing temporarily on the right ear, however it subjectively recovered after a few hours. She reports sound sensitivity in the right ear following acoustic trauma. Initially after acoustic events, she had difficulty localizing any sound. Now, she has difficulty localizing certain sounds, such as flutes.

**Ear infections/Ear Surgery:** childhood otitis. She

recalls having a tympanic membrane perforation but cannot recall laterality.

**Tinnitus:** onset of non-pulsatile tinnitus with two episodes of acoustic trauma in the right ear. It seems to resolve after first episode but has persisted since second.

**Otalgia:** Denied bilaterally

**Otorrhea:** Denied bilaterally

**Aural Fullness:** Slight in the right ear

**Dizziness:** essentially denied however she reports imbalance when closing her eyes in the shower

**Family history of hearing loss:** positive for maternal grandmother

**History of noise exposure:** two episodes of flash blasts in last two months. Otherwise denied with exception to occasional concern

**Previous hearing evaluation:** N/A

**Amplification experience:** N/A

**Remarkable health/medical history:** None reported

## RESULTS

**Otoscopic** examination reveals clear external auditory ear canals and tympanic membranes visualized bilaterally.

**Pure tone thresholds** demonstrate moderate to moderately-severe sensorineural hearing loss from 2000-8000 Hz in the right ear and normal hearing sensitivity from 125-8000 Hz in the left ear.

Negative Stenger test at 2000 and 8000 Hz, indicating good test reliability. Please note 15-65 dB asymmetry, worse in the right ear.

Please note that Speech Reception Thresholds has good agreement with Fletcher's Average in the right ear.

**Word recognition ability** is Fair and Excellent (68% at 60 dB and 96% at 75 dB) in right ear and

Excellent (100%) in left ear. Testing conducted using recorded NU-6 list with Hail lists (25) for each presentation level in the right ear and 10 word ordered by difficulty list in the left ear. Tested at two levels in the right ear to demonstrate near-speech-level word understanding versus suprathreshold word understanding.

Most Comfortable Level (MCL): Right: 75 dB, Left: 50 dB

Uncomfortably Loud Level (UCL): Right: 95 dB, Left: 100 dB

*Due to ear fullness, immittance testing (tympanometry) was performed.*

**Tympanometry** reveals slightly hyper-compliant tympanic membrane with normal middle ear pressure in the right ear and normal middle ear pressure/compliance in the left ear.

**Acoustic reflex** measurements forgone due to sound sensitivity.

**IMPRESSIONS:** Patient was referred for audiometric testing regarding sudden hearing loss from acoustic trauma. Patient's test results indicate unilateral, moderate to moderately-severe high-frequency sensorineural hearing loss in the right ear and normal hearing sensitivity in the left ear. Word recognition is Fair/Excellent (pending presentation level) in the right ear and Excellent in the left ear. Tympanometry is slightly abnormal in the right ear and normal in the left ear.

Carolyn is a good candidate for amplification with motivation and medical clearance. However, advise to monitor hearing status in the event that hearing improves.

## **RECOMMENDATIONS**

1. Refer to Dr. Palaskas due to sudden-onset hearing loss in the right ear. Appointment scheduled for tomorrow morning.
2. Contact this clinic with any questions or concerns.
3. Hearing re-evaluation as medically indicated. At minimum, recommend monitoring hearing in one year, or sooner if changes are suspected.
4. Use hearing protection while in noise or when exposed to loud sounds.
5. If hearing does not improve, you could consider amplification consultation for the right ear, pending medical clearance and patient motivation.

**Mary Henry, Au.D.**  
*Clinical Audiologist*

# EXHIBIT C

Name: Carolyn Jae Sterner | DOB: [REDACTED] 1999 | MRN: [REDACTED] | PCP: [REDACTED]

Physician on file

## Visit notes

Progress Notes by Constantine Palaskas, MD at  
07/30/20 1000



**SWEDISH**  
NEUROSCIENCE  
INSTITUTE

### Swedish Ear Clinic and Balance Center

1600 E JEFFERSON ST STE 205  
SEATTLE WA 98122-5648  
206-320-3900

#### New Patient Note

**Patient:** Carolyn Jae Sterner

**DOB:** [REDACTED] 1999

**DOS:** 7/30/2020

Carolyn Jae Sterner is a 21 y.o. female who is referred by Mary C Henry, AUD for consultation regarding setting hearing loss in the right ear following exposure to loud explosion last Saturday.

#### Assessment and Plan:

**Sudden hearing loss, right**

**Acoustic trauma (explosive) to ear, right**

#### Other orders

- predniSONE (DELTASONE) 10 mg tablet; Take 6 tabs every morning with food for 7 days, then decrease by one tablet each subsequent day in the morning - 5,4,3,2,1.  
Dispense: 57 tablet; Refill: 0

Sudden hearing loss in the right ear secondary to acoustic trauma 5 days ago. She also had apparent temporary threshold shift from a similar incident 1 month ago with subjective complete recovery.

We discussed observation, prognosis, and recommendation of a treatment with steroid both orally and transtympanic to optimize effect. We discussed the risks and benefits. We also discussed that while on the oral steroid its best to not congregate and to self isolate given the pandemic.

She will have the dexamethasone perfusion today and follow-up in about a week as she begins to taper off her oral prednisone.

Constantine Palaskas, MD

### Chief Complaint

Patient presents with

- Hearing Loss

*sudden. consult*

### History of Present Illness:

Ms. Sterner (Carolyn Jae Sterner) is a 21 y.o. female with sudden hearing loss in right ear following explosion.

Patient was involved in the BLM protest on more than one occasion recently. On June 7 a flashbang exploded near her feet and she experienced a temporary hearing loss in her right ear immediately which resolved over the subsequent 24-hour period. She felt her hearing returned back to her normal baseline. Once again, last Saturday at approximately 5 PM another flash bang went off near her right ear. She unfortunately had been on the ground, so the proximity was fairly close. Once again she had complete loss of hearing with loud ringing which improved a bit over the following 12 hours but still left ear with tinnitus and hearing loss. She also senses pressure in that ear and loud sounds are quite annoying to hear. She has a tinnitus which she describes as a white noise. She never experienced any vertigo.

She does have a history of a perforation of her eardrum secondary to an ear infection as a young child. This may have been also her right ear.

### Patient Active Problem List

• Social anxiety disorder

**Past Medical History:**

She has a past medical history of Social anxiety disorder.

**Social History**

She reports that she has never smoked. She has never used smokeless tobacco. She reports that she does not drink alcohol or use drugs.

**Past Surgical History:**

She has no past surgical history on file.

**Family History:**

Her family history is not on file.

Family history: There family history is negative for early onset hearing loss but there is a history of migraine in mother and sister.

**Med Allergies:**

She has No Known Allergies.

**Medications:****Current Outpatient Medications on File Prior to Visit**

Medication	Sig	Dispense	Refill
• levonorgestrel-ethinyl estradiol (SEASONIQUE) 0.015-0.02 MG TABS	Take 1 Tab by mouth every day.	4 packet	prn

No current facility-administered medications on file prior to visit.

**Injury and Exposure:**

Head trauma: Denied

Ototoxic exposure: Denied.

Noise exposure: See HPI

**Review of Systems:**

(Patient intake form including ROS is reviewed. In Epic under scanned documents, dated 07/30/20.

**Physical Exam:**

BP: 147/87

Pulse: 84

Temp: 37.1 °C (98.7 °F)

Height: 172.7 cm (5' 7.99")(hx)

Weight: 76.7 kg (169 lb 1.5 oz)(hx)

**Gen:** Pleasant, healthy appearing female in NAD. Alert and oriented x 3. Communicates well in the quiet exam room, with a



**HEENT:** Head: Normocephalic, atraumatic. The face is symmetric in repose with normal strength with movement. No salivary gland enlargement.

**Eyes:** EOMI. Conjugate gaze.

**Ears:**

**Right:** The pinna and periauricular area is normal in appearance and nontender. The external auditory canal is patent and with normal skin. Tympanic membrane is intact, in good position.

**Left:** The pinna and periauricular area is normal in appearance and nontender. The external auditory canal is patent and with normal skin. Tympanic membrane is intact, in good position.

**Nose:** No external deformity. The nasal mucosa is not-inflamed. The septum is midline. Turbinates are not enlarged.

**OC/OP:** Lips and gingiva are normal. The mucosa of the oral cavity is normal.

**Neck:** Neck is not tender to palpation. No thyromegaly. No masses.

### **Diagnostic Tests**

#### **Otologic Tests:**

##### ***Audiogram***

Her audiogram from yesterday shows excellent hearing in the left ear entirely within the range of normal. On the right side above 1000 Hz there is a steep decline to moderately severe sensorineural hearing loss. Her tympanometry shows a Type AD tympanogram on the right consistent with possible past perforation on that side and a Type A on the left.

#### **Imaging Studies**

No pertinent imaging

**PROCEDURE:** Transtympanic Decadron Perfusion #1

**DIAGNOSIS:** right ear sudden sensorineural hearing loss following explosion

#### **INDICATIONS:**

The patient has sudden hearing loss right ear following explosion.

#### **DESCRIPTION OF PROCEDURE:**

After informed consent was obtained, the patient was positioned on the exam room table and the right ear examined with the

otomicroscope. Anesthesia was obtained using topical phenol applied to the area of the planned tympanotomy. A 25G needle was used to make a tympanotomy in the anterior portion of the tympanic membrane. The 10mg/cc concentration dexamethasone solution was perfused through the tympanotomy for a total of about 0.5ml. The perfusate was allowed to remain in the middle ear for 30 minutes total.

The patient tolerated the procedure well. She did note discomfort when asked that resolved after a few minutes.

**Constantine Palaskas, MD**

12:22 PM PDT; 7/30/2020

Total time of visit was over 20 minutes, excluding time for any procedures which may have been done, with greater than 50% of it spent in face-to-face counseling and/or coordination of care on the following topic(s): Reviewing test results, image review, interpretation, patient education, recommendations.

*Signed and authenticated by:*  
Constantine Palaskas, MD

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